

**RETURN TO**

**Kentucky Board of Nursing**  
DT Credentialing Program  
312 Whittington Pky, Suite 300  
Louisville, KY 40222-5172  
502-329-7000 or 800-305-2042  
Fax: 502-329-7011  
Internet: kbn.ky.gov

## APPLICATION FOR DIALYSIS TECHNICIAN TRAINING PROGRAM APPROVAL

**INSTRUCTIONS:** In accordance with 201 KAR 20:470, submit this completed application form and appended materials to the Kentucky Board of Nursing, DT Program. Please allow up to two months for the application to be processed. Print clearly using capital letters and black ink, darkening the appropriate circles.

### Section 1: Application Type

Indicate if the application is for initial program approval (\$950 fee), continued program approval (\$800 fee), or reinstatement of program approval (\$950 fee).

Initial: ☐ Continued: ☐ Reinstatement: ☐

**Applications for continued program approval must be submitted to the Board at least two months prior to the end of the current approval period. Applications received after the filing deadline will be assessed an additional \$150 fee.**

### Section 2: Name and Address of Applicant Institution Offering DT Training Program

Name:

Street Line 1:

Line 2:

City:  State:  Zip:

Daytime Phone #:  -  -  Fax #:  -  -

E-Mail Address:

### Section 3: Name and Title of Program Administrator of the DT Training Program

Last Name:

First Name:  Credentials:

Title:  License #:

### Section 4: Anticipated Offering Date for the Program

When do you plan to offer this program?

### Office Use Only

Program Code #:

☐ \$950 ☐ \$800 ☐ \$150 ☐ NO MONEY

Approval Date:  -  -

Date Paid:  -  -

## Section 5: Program Documentation

Please attach documentation that the program meets the standards set forth in 201 KAR 20:470, Section 7, which includes the following:

1. Position description and qualifications of DT program administrator.
2. Qualifications/description of faculty.
3. Program syllabus.
4. Trainee clinical practice requirements.
5. Length of program and tentative program presentation dates.
6. Completion requirements.
7. Records maintenance policy.
8. Copy of certificate of program completion form.

## Section 6: Fee - The Renewal Application Fee is Listed in Section 1

Make check or money order payable to Kentucky Board of Nursing and enclose the payment with this form. The application fee (as stated in Section 1) must be for the exact amount and is non-refundable.

## Section 7: Signature

Signature & Title of Program Administrator

Date:   -   -